

REC'D APR 23 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

12397

Do not use this space.

1. PLACE OF DEATH

 (a) County Warren Registration District No. 581
 (b) Township _____ Primary Registration District No. 4534 Registered No. 9
 (c) City Warrenton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charles E. Holden 4-35
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Mattie A. Johnson
 WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 7 1

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntersville, West Virginia

 FATHER 13. NAME James T. Holden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

 MOTHER 15. MAIDEN NAME Hanorah Doyle

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

 17. INFORMANT (ADDRESS) Mrs. Reed B. Harkness Warrenton, Mo.

 18. BURIAL PLACE Warrenton, Mo. DATE April 2, 1938

 19. FUNERAL DIRECTOR (ADDRESS) F. W. NIEBURG & SON WARRENTON MO.

 20. FILED April 2, 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 8-12-1935, to 3-30-1938

 I last saw him alive on 3-30-1938. Death is said to have occurred on the date stated above, at 9:45A.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

Other contributory causes of importance:

Senility
Cerebral Hemorrhage 1893
Chr. Cardio-Vascular Renal Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

 Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. H. Ebermann, M. D.
 (Address) Warrenton, Mo. 802

STATEMENT BY LICENSED EMBALMER

I, John F. Melburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John F. Melburg
Licensed Embalmer No. 3897

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Warren Registration District No. 881
 (b) Township _____ Primary Registration District No. 4834 Registered No. _____
 (c) City Warrenton (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Wat

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 412 1935 ap Warrenton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Walter Egermann, M. D.

(Address) Warrenton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

